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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elite Tax Experts LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Hudson III Name of Person
Firm/Company Elik Tax Experts IL
13014 N. Dale Malory Huy # 530
Tanya, FL 33L18 City/State and Zip Code
elile toxelepets a anail. (on E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Hudson at (618) 979-8912 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S100 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 IN ED	
UNIA 1	
TAILAHASSEE, FLOODIL	ì

 $m_{\tilde{U}_{\bullet}}$ The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number <u>L 15 0001</u>8303L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address** #530 ☐ Change □ Add ☐ Remove □ Remove? Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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n amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) Nuly thing I want to do is add murelf
	only thing. I want to do is add myrelf as a authorized person. I forget to do
_	it when I originally filed.
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If an effect Note: If	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	January 6. 2016.
	January 6, 2016. Thomas Hudson II Signature of a member or authorized representative of a member
	Thomas Hudson III Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00